Outside of City Limits

Hodges

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Allegany · STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cumberland · LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Cumberland,
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. D. #4 Williams Rd.	STREET ADDRESS (If rural, give location): R. D. #4 Williams Rd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELIZA	VIRGINIA	BARGER	Jan. 15, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	Oct. 18, 1915	35 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Cumberland, Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
H. Wade Rice	M. Ruth Hinkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Charles Barger R. D. #4 Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hypertension	
443x Antecedent cause(s)		
95c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Polycystic, kidney - right	
	(c) Cardiac Hypertrophy	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NO				

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
W. Royce Hodges	Cumberland, Md.	1-16-51.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/17/51	Mt. Pleasant Cem.	Near Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan. 17, 1951	Wintes K. Frantz M.D.	Charles L. George Cumb. Md.

VS. A15

Within corporate limits

0002

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH — COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland | LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 212 So. Smallwood St.,

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 212 So. Smallwood St.,

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) ODIUS (Last) BARKINS
4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	Mar. 6, 1898	52 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipe Fitter	Celanese	Grafton, W. Va.	U.S.

13. FATHER'S NAME: Thomas Barkins
14. MOTHER'S MAIDEN NAME: Ella Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	213-05-8916	Mrs. Mildred Barkins Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Short time

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Coronary Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

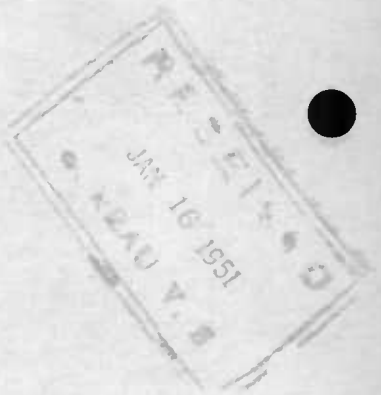
22. I hereby certify that I attended the deceased from 12-31, 1950 to 1-5, 1951, that I last saw the deceased alive on 1-4, 1951, and that death occurred at 8:10 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. J. Williams	MD	Cumberland	1-6-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/8/51	Queens Point Cem.	Keyser, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 7, 1951	Walter K. Kantz, M.D.	H. Wayne George	Cumberland, Md.

47646


RECEIVED
JAN 16 1951
KEAU T. H.

Dr. Van Ormer

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0603

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 16 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN KITZMILLER
STREET ADDRESS (If rural, give location) Willow St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	A.	BARNES	JAN.	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	WIDOWED	7/8/76	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Retired Coal Miner	Coal Mines	MARYLAND, Lonaconing	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM BARNES	ELIZABETH SPIKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	212-01-6604	~~MEMORIAL HOSPITAL~~ Mrs. Olive Somers Kitzmiller, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

156.1 **Immediate cause** (a) Hepatoma Liver — Interval between onset and death: ?

46.7 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Epigastric hernia. Meckel's diverticulum. Epithelioma, nose.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5 & 8 Jan. 51	Hepatoma Liver, with obstructive jaundice.	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 28 Dec., 1950, to 12 Jan., 1951, that I last saw the deceased alive on 12 Jan., 1951, and that death occurred at 12:29 Noon m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Alfred Van Ormer		Cumberland, Md.	12 Jan. 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/15/1951	Hamill Cemetery	Kitzmiller, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 14, 1951	Writes L. Frantz, M.D.	O. F. Sharpless, Blaine, W. Va.	

65026

Within corporate limits

0004

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 201 Springdale St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 201 Springdale St.

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) M. (Last) Beeche

4. DATE OF DEATH: (Month) (Day) (Year) 11/21/51

5. SEX: 7.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 9/13/1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Not Done

11. BIRTHPLACE (State or foreign country): Cumberland Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jeremiah Taylor

14. MOTHER'S MAIDEN NAME: Mary Stehl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Pearl Beeche - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Occlusion — Interval Between Onset and Death: 2 days

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1951, to Jan 21, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at ... m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Symons M.D. Cumberland Md 1/22/51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 1/24/51

NAME OF CEMETERY OR CREMATORY St. Peters Cem

LOCATION (City, town, or county) (State) Cumberland Md

DATE REC'D BY LOCAL REG. Jan. 23, 1951

REGISTRAR'S SIGNATURE Walter R. Krantz, M.D.

24. FUNERAL DIRECTOR ADDRESS James F. Scapelli Cumberland.


JAN 30 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0605

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage; LENGTH OF STAY (in this place) 14 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Old Row

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage; STREET ADDRESS (If rural, give location) Old Row

3. NAME OF DECEASED (Type or Print): (First) Lillian (Middle) (Last) Bennett

4. DATE OF DEATH: (Month) 1 (Day) 10 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 9-20-1894

9. AGE last birthday: 56 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Eckhart Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Frank Lancaster

14. MOTHER'S MAIDEN NAME: Ella Skidmore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: James A. Bennett, Lonaconing Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x **Immediate cause** (a) Cebral Hemorrhage. — Interval Between Onset and Death: 1 day.

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardiovascular Disease — Interval Between Onset and Death: years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9 Nov., 1950, to 10 Jan., 1951; that I last saw the deceased alive on 10 Jan., 1951, and that death occurred at 6 12 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John B. Davis, M.D. — 2 Broadway, Frostburg Md — 1/11/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1-13-1951 — NAME OF CEMETERY OR CREMATORY: Frostburg Memorial — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 1-13-51 — REGISTRAR'S SIGNATURE: Vernon M. Dermott — 24. FUNERAL DIRECTOR ADDRESS: Jacob Hafer, Frostburg, Md.

DR. WEISMAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0006

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: ALLEGANY
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 50 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 543 ARNETT TERRACE

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) A (Last) BLACKBURN

4. DATE OF DEATH: (Month) JANUARY (Day) 13 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 8, 1876

9. AGE last birthday: 74 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer

10b. KIND OF BUSINESS OR INDUSTRY: Celanese Corp.

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: THOMAS B. BLACKBURN

14. MOTHER'S MAIDEN NAME: Ella Aaronholt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-10-4246

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Circulatory collapse (due to b)	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Inanation (due to c)	2 months
	(c) Carcinoma of left lung, primary site not determined	4 months

163x
472

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion, left — 3 months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19 1946 to Jan 13, 1951, that I last saw the deceased alive on Jan 13, 1951, and that death occurred at 7:30 m. P M from the causes and on the date stated above.

SIGNATURE: Darrell G. Weisenmayer (Degree or title) ADDRESS: 59 Green St Cumberland, Md DATE SIGNED: Jan 14, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/16/51
NAME OF CEMETERY OR CREMATORY: Zion Memorial Cem.
LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 15, 1951
REGISTRAR'S SIGNATURE: Walter L. Hantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumb. Md.

97246

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


JAN 25 1951

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

Evidence for change in 18 shown on:

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

867

Reg. Dist. No. 4

FHM No. G 130 FEB 5 1951

1. PLACE OF DEATH: COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland | MARYLAND | LENGTH OF STAY (in this place) 24 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia COUNTY Hampshire Mineral
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Romney
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) James (Middle) William (Last) Blackburn

4. DATE OF DEATH: (Month) January (Day) 23 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: August 3, 1866

9. AGE last birthday: 84 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Farm Work

10b. KIND OF BUSINESS OR INDUSTRY: Farm Dozer

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Blackburn

14. MOTHER'S MAIDEN NAME: Unknown Harrison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Raymond Woods Romney, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Accute cardiac failure due to senility and shock	at once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Also marked arteriosclerosis and malnutrition	26 days
	(c) After accident grew weaker and would not eat.	

903.0
186a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (2-5-51 - ams)

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Romney (COUNTY) Mineral (STATE) West Virginia

TIME OF INJURY (Month) (Dey) (Year) (Hour) Dec.,28, 1950 m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? fractured left femur Fell while walking across floor and

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H. V. Deming M. D. H. V. Deming M.D. | ADDRESS Cumberland, Md. | DATE SIGNED 1-23-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF Jan 26 1951 | NAME OF CEMETERY OR CREMATORY Asbury Cemetery | LOCATION (City, town, or county) Moorefield, W. Va. (State)

DATE REC'D BY LOCAL REG. Jan. 24, 1951 | REGISTRAR'S SIGNATURE Walter R. Frantz, M.D. | 24. FUNERAL DIRECTOR Meryl Combs, Romney, W. Va. ADDRESS

290116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and legibly. The correct age is especially important.

VS. A15A

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0008

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS 328 Fayette Street (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Eva (Middle) Sophia (Last) Bohn

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Feb. 21, 1857

9. AGE last birthday: 93 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Bohn

14. MOTHER'S MAIDEN NAME: Mary Blank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: County Infirmary Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Terminal cardial failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Coronary Sclerosis	4 yrs
(c)		

430.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

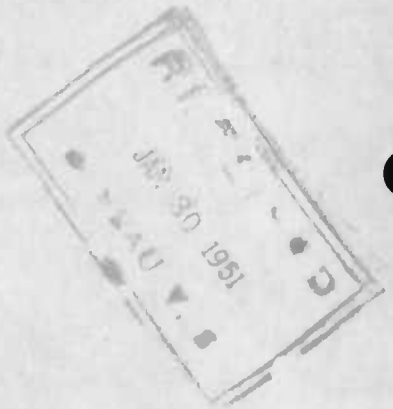
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 11, 1948, to Jan. 25, 1951, that I last saw the deceased alive on Jan. 24, 1951, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE: Arthur F. Jones (Degree or title) M.D. ADDRESS 110 S. Centre St. DATE SIGNED 1-25-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 1/27/51 | NAME OF CEMETERY OR CREMATORY: St Lukes Cemetery | LOCATION (City, town, or county) (State): Cumberland Maryland

DATE REC'D BY LOCAL REG.: Jan. 26, 1951 | REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D. | 24. FUNERAL DIRECTOR: Louis Stein, Inc. ADDRESS: Cumberland, Md


JAN 30 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0069

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 9 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kelley-Springfield Tire Co.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Francis (Middle) Jerome (Last) Brailer

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: March 26-1907

9. AGE last birthday: 43 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman in Supply Dept.

10b. KIND OF BUSINESS OR INDUSTRY: K-S. Tire Co.

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augustine Brailer

14. MOTHER'S MAIDEN NAME: Mary Ann Pendelburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 220-10-2339

17. INFORMANT AND ADDRESS: Alma Williams Mt. Savage, Md. (wife)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion due to — Interval between onset and death: about 8 minutes.

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. — H.V. Deming M.D. Cumberland, Md. Jan. 4-1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Jan. 6. 1951 | NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery | LOCATION (City, town, or county) (State): Mt. Savage Md.

DATE REC'D BY LOCAL REG.: Jan. 6, 1951 | REGISTRAR'S SIGNATURE: Wentz K. Wantz M.D. | 24. FUNERAL DIRECTOR ADDRESS: Louis Stein, Inc. Cumberland, Md.

523478

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) ~~Furnace Street~~ 425 Beall Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Victoria	Burke	1	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	married	2-7-96	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	Maryland, Eckhart	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Hugh O'Rourke	Marion Willison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Lawrence A. Burke, 425 Beall St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331 x — **Immediate cause** (a) Cerebro vascular Accident — Interval between onset and death: 1 Mo

83a — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral arteriosclerosis — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from July 3, 1950, to Jan 27, 1951, that I last saw the deceased alive on Jan. 26, 1951, and that death occurred at 11:05 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones M.D.		110 S. Centre St.	1-27-51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 30, 1951	Hillcrest Burial Park	Cumberland, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 30, 1951	Walter K. Fantz, M.D.	John J. Hafer	Cumberland, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0011

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 91 Henderson Ave.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) Burkett

4. DATE OF DEATH: (Month) Jan. (Day) 6 (Year) 19 51

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec.13-1913

9. AGE last birthday: 37 yrs. If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Rennerdale, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H.Wilson

14. MOTHER'S MAIDEN NAME: Elixabeth Henew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: mother) Mrs Elizabeth Wilson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

916.0 **Immediate cause** (a) lst.2nd.&3rd.degree burns of body. — Interval between onset and death: 11 hrs.

181 **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: home
(CITY OR TOWN): Cumberland (COUNTY): Allegany (STATE): Md.
TIME (Month) (Day) (Year) (Hour) OF INJURY: Jan.6/51-4 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Gas leak due to breal in gas line to heater in kitchen. She went to light heater, explosion & fire.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H.V.Deming M.D. H.V.Deming M.D. Cumberland,Md. Jan.6-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: January 8 '51
NAME OF CEMETERY OR CREMATORY: Palo Alto Cemetery
LOCATION (City, town, or county) (State): Hyndman, Pa. R.D.1

DATE REC'D BY LOCAL REG.: Jan. 7, 1951
REGISTRAR'S SIGNATURE: Walter R. Bantz, M.D.

24. FUNERAL DIRECTOR: Harvey A. Feigle — ADDRESS: Hyndman, Pa.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 0612 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 30 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 441 N.Center St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 441 N.Center St.

3. NAME OF DECEASED (Type or Print): (First) Charles Nelson (Middle) (Last) Cessna

4. DATE OF DEATH: (Month) Jan. (Day) 15 (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Sept.23-1905

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days / If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: B&O.R.Ry

11. BIRTHPLACE (State or foreign country): Cumberland,Md.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edgar Cessna

14. MOTHER'S MAIDEN NAME: Bessie Barnett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-4943

17. INFORMANT AND ADDRESS: wife) Edith Bucy Cessna

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E976 Immediate cause (a) Cerebral hemorrhage due to a self inflicted — at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

E164C (b) wound in right temporal region from a 22

(c) caliber Smith& Weston target revolver.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY * OR CONTRIBUTING * CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.): home — (CITY OR TOWN): Cumberland — (COUNTY): Allegany — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): Jan.15/51-P. 8.50 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Sat on side of bed and shot himself,suicidal intent.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide *☒, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

H.V.Deming M.D. H. V. Deming M.D. Cumberland,Md. Jan.16-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1- 19-1951

NAME OF CEMETERY OR CREMATORY: HillCrest Cem.

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 17, 1951

REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: Charles L. George Cumberland,Md

VS. A15A

690246

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0013

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland; LENGTH OF STAY (in this place) 71 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Edward (Last) Clise

4. DATE OF DEATH: (Month) January (Day) 5 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 9, 1879

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Timber Cutter

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Clise

14. MOTHER'S MAIDEN NAME: Matilda Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 220 - 10 - 2061

17. INFORMANT: Mrs Tinnie Clise

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

491x Immediate cause (a) Broncial Pneumonia, Virus — Interval Between Onset and Death: 1 wk.

107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1947, to 1/5, 1951, that I last saw the deceased alive on 1/4, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul Eugene Dreyer M.D Lonaconing Md 1/8/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 9, 1951

NAME OF CEMETERY OR CREMATORY: Frostburg Memorial Park

LOCATION (City, town, or county) (State): Frostburg, Md

DATE REC'D BY LOCAL REG. 1-9-51

REGISTRAR'S SIGNATURE: Jannette M Boal

24. FUNERAL DIRECTOR: M. Eichhorn

ADDRESS: Lonaconing, Md.

950306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0015

Reg. Dist. No. 4

M

(C)

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Allegany — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Eckhart Md.
STREET ADDRESS (If rural, give location) R.D. No 1

3. NAME OF DECEASED (Type or Print): (First) Baby (Middle) Boy (Last) Close

4. DATE OF DEATH: (Month) 1 (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 1-22-51

9. AGE last birthday: ____ yrs. If under 1 year: Months ____ Days ____ If under 24 hrs.: Hours 4 Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown.

14. MOTHER'S MAIDEN NAME: Lorna Close

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs Nellie Close, Eckhart Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	premature baby (7 months)	4 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	breech delivery	
(c)		

761.5
160 c

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/22, 1951, to 1/22, 1951, that I last saw the deceased alive on 1/22, 1951, and that death occurred at 5-10 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Mbrino MD — ADDRESS 57 Greene A. — DATE SIGNED 1-24-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Jan. 25, 1951 — NAME OF CEMETERY OR CREMATORY Eckhart Cemetery — LOCATION (City, town, or county) (State) Eckhart, Maryland

DATE REC'D BY LOCAL REG. Jan. 25, 1951 — REGISTRAR'S SIGNATURE Walter K. Frantz, M.D. — 24. FUNERAL DIRECTOR Jacob Hofer, Frostburg Md — ADDRESS

20122136128 1


JAN 30 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Cresaptown
STREET ADDRESS (If rural, give location): Pinto Lane

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	SUSAN	COLLINS	Jan. 4, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Female	White	Married	Aug. 12, 1880	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Rawlings, Md.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Elijah H. Llewellyn	Marion Berry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		None	Miss Edna Collins Pinto Lane, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) apoplectic stroke — 6 days

334X Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

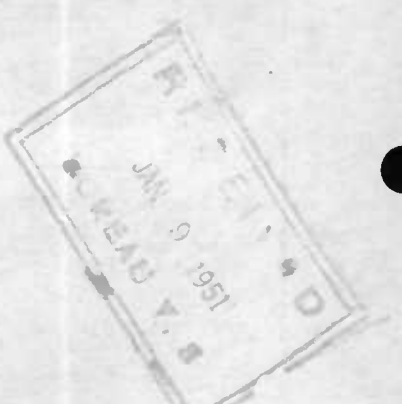
TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 3-1, 19 49, to 1-5-, 19 51, that I last saw the deceased alive on 1-5-, 19 51, and that death occurred at 11:50 P m., from the causes and on the date stated above.

SIGNATURE: C Wing — (Degree or title) MD — ADDRESS: 57 Greene St — DATE SIGNED: 1-6-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/7/51	Pinto Mennonite Cem.	Pinto, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
Jan. 6, 1951	Walter R. Wantz, M.D.	H. Wayne George Cumb. Md.


JAN 9 1951

Within corporate limits: DR. SIMONS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0616

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 38 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND — COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
STREET ADDRESS (If rural, give location): 217 S. LEE STREET

3. NAME OF DECEASED (Type or Print): (First) NELLIE (Middle) V. (Last) COOP

4. DATE OF DEATH: (Month) JANUARY (Day) 28 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: June 10, 1905

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOSEPH EVERHART

14. MOTHER'S MAIDEN NAME: JOAN A. DEMPSEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 217-09-5418

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	
260 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Nephritis	
	(c) Diabetes	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1950, to Jan 28, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 4:10 A.m. from the causes and on the date stated above.

SIGNATURE: George M. Lemon M.D. (Degree or title) ADDRESS: 20 Union St Cumb. Md. DATE SIGNED: 1/29/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/31/51

NAME OF CEMETERY OR CREMATORY: Greene Hill Cem.

LOCATION (City, town, or county) (State): Martinsburg, W. Va.

DATE REC'D BY LOCAL REG.: Jan. 31, 1951

REGISTRAR'S SIGNATURE: Wrenter R. Hantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George ADDRESS: Cumberland, Md.

Write in carbonite ink

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0617

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; LENGTH OF STAY (in this place): 4 hrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 143.1/2 Bedford St.

3. NAME OF DECEASED (Type or Print): (First) Mack (Middle) (Last) Cooper

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 9-1892

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cab. driver

10b. KIND OF BUSINESS OR INDUSTRY: Astor Cab Co.

11. BIRTHPLACE (State or foreign country): Davis, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cooper

14. MOTHER'S MAIDEN NAME: Elmira Mc Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W.#1

16. SOCIAL SECURITY NO.: 236-03-7231

17. INFORMANT AND ADDRESS: Wife) Nettie L. Westfall Cooper

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute cardiac failure due to	about 5 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c) Arteriosclerosis (marked) with hypertention	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✱, Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.		Cumberland, Md.	Jan.15-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 17/51	Hill Crest Cemetery	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 17, 1951	Wirtes L. Frantz, M.D.	William H. Kight	Cumberland, Md.

682536

Outside of City limits

MARYLAND STATE DEPARTMENT OF HEALTH

0018

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

1. PLACE OF DEATH: COUNTY ALLEGANY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Cumberland, Rural — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LaVale, Near Cumberland, Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS Atlantic Ave. LaVale, Rt. #1	STREET ADDRESS (If rural, give location) Atlantic Ave., Rt. #1

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Bertha	Lee	Darr	Jan.	8	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	Sept. 24, 1892	58 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	own home	Maryland	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John W. Darr	Eliza Jane Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Thelma Irwin-----LaVale

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

940a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis — Several months

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

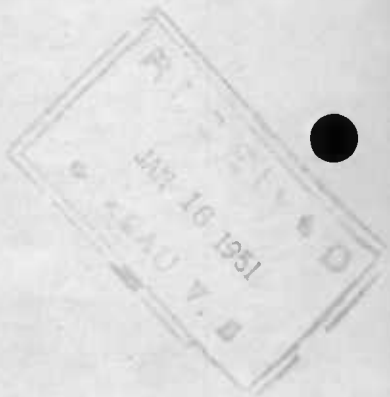
22. I hereby certify that I attended the deceased from Nov 18, 1950 to Jan 8, 1951, that I last saw the deceased alive on Nov 18, 1950, and that death occurred at 4:30 P.M. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wm C Lane MD		Frostburg Md	Jan 10 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/11/51	Philos Gem.	Westernport Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 10, 1951	Wrenter L. Frantz, M.D.	E.S. Boal	111 Church St. Westernport, Md.

VS. A15


MAR 16 1951

Outside of City Limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0019 4

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural La Vale
LENGTH OF STAY (in this place): 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Braddock Farm Near Cumberland, Rural, Route 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Pa. COUNTY: Bedford Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clearville (rural)
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Nora (Middle) Alice (Last) George Davis

4. DATE OF DEATH: (Month) Jan. (Day) 25 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Feb. 10-1887

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Clearville, Pa. (rural)

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Helmick

14. MOTHER'S MAIDEN NAME: Mary Helmick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Casper George (son) La Vale, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 93d

Immediate cause (a) Cardiac failure due to — Interval between onset and death: at once

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

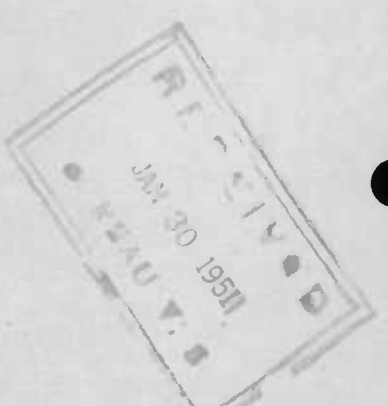
22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V. Deming M.D. H.V. Deming M.D. Cumberland, Md. Jan-26-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan 29 51 | NAME OF CEMETERY OR CREMATORY: Pleasant Union Cem. | LOCATION (City, town, or county) (State): Pleasant Union Pa.

DATE REC'D BY LOCAL REG.: Jan. 26, 1951 | REGISTRAR'S SIGNATURE: Winter R. Frantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS: Louis Stein Inc. Cumberland, Maryland.


JAN 30 1951

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Coole; MARYLAND; LENGTH OF STAY (in this place) 46 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 135 West St.,

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mc Coole, Md.; STREET ADDRESS (If rural, give location) 135 West St.,

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) William (Last) Dayton

4. DATE OF DEATH: (Month) (Day) (Year) Jan., 21, 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 13, 1904

9. AGE last birthday: 46 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): car repair man

10b. KIND OF BUSINESS OR INDUSTRY: R.O.R.R.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Dayton

14. MOTHER'S MAIDEN NAME: Anna Whitehair

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 705-09-7052

17. INFORMANT AND ADDRESS: Ernest Dayton, Keyser, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction due to	once
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) comary occlusion due to	?
	(c) coronary sclerosis	?

420.1
94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work [ ] Not while at work [ ] | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [ ], Inspection [X], Inquiry [X] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Deming, M. D. H. V. Deming M.D. Cumberland, Maryland 1-22-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-24-51 | NAME OF CEMETERY OR CREMATORY: Meadow Point | LOCATION (City, town, or county) (State): Keyser, W. Va.

DATE REC'D BY LOCAL REG.: Jan. 22, 1951 | REGISTRAR'S SIGNATURE: A Baynbaker M.D. | 24. FUNERAL DIRECTOR: B. W. Markwood, Keyser, W.Va. | ADDRESS

553-506

Within corporate limits

Rear

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

8021

Reg. Dist. No. 4

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Near Cumberland Md — STREET ADDRESS (If rural, give location) Williams Road Rt 2 Cumberland

3. NAME OF DECEASED (Type or Print): (First) Lucien — (Middle) Henry — (Last) Dolly

4. DATE OF DEATH: (Month) Jan — (Day) 21 — (Year) 1957

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept 26 1878

9. AGE last birthday: 72 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Own farm

10b. KIND OF BUSINESS OR INDUSTRY: General Farming

11. BIRTHPLACE (State or foreign country): Pendleton County W. Va

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wash Dolly

14. MOTHER'S MAIDEN NAME: Phoebe Kisamore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs L. H. Dolly Rt 2 Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pneumonia Bronch

293x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Thrombosis

107 (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 Wk (b) Several Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1957, to Jan 21, 1957, that I last saw the deceased alive on Jan 21, 1957, and that death occurred at 6:15 a.m., from the causes and on the date stated above.

SIGNATURE: W. H. McCord — (Degree or title) — ADDRESS: 40 Decatur Cumberland — DATE SIGNED: 1/22/57

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Jan 24, 1957 — NAME OF CEMETERY OR CREMATORY: Glendale Brethren Cemetery — LOCATION (City, town, or county): Allegany Co — (State): Md.

DATE REC'D BY LOCAL REG.: Jan 24 1957 — REGISTRAR'S SIGNATURE: Walter R. Frantz M.D. — 24. FUNERAL DIRECTOR: John J. Hafer — ADDRESS: Cumberland Md.

290116


JAN 30 1951

Within corporate limits
Trans+his

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11022

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 450 Goethe St

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 450 Goethe St.

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) J. (Last) Doyle

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 9 1872

9. AGE last birthday: 78 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Collector

10b. KIND OF BUSINESS OR INDUSTRY: The Evening Times

11. BIRTHPLACE (State or foreign country): Ireland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Elizabeth Simmons, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	3 yrs.
	(c) Parkinson's disease	3 yrs.

350 x
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1951, to Jan 25, 1951, that I last saw the deceased alive on Jan 23, 1951, and that death occurred at 10:45 P. m., from the causes and on the date stated above.

SIGNATURE: R. W. Trostle, Jr. (Degree or title) ADDRESS: Cumberland Md DATE SIGNED: 1/28/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 29, 1951	St. Marys Catholic Cem	Cumberland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 28, 1951	Wesley K. Wantz, M.D.	John J. Hafer	Cumberland Md

32 | 698

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0023 Reg. Diat. No. 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Allegany
City or town Frostburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 mths.
Hospital, institution, or street address where death occurred:
Memorial Hospital
How long in hospital or institution? 6 mths.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Allegany
City or town Frostburg, Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 235 Water Hall
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME Linda Fay Durr

3. (b) Social Security Number

4. Sex: Female
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Infant
6.(b) Name of husband or wife
6.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Sept 23 - 1950
8. AGE: Years | Months: 3 mon. | Days: 21 | If less than one day: ..... hrs. ..... min.
9. Birthplace: Frostburg Md. (Town, county, and state)
10. Usual occupation
11. Industry or business
FATHER 12. Name: George Lauer
13. Birthplace: Frostburg, Md.
MOTHER 14. Maiden name: Mildred Cryer
15. Birthplace: Frostburg, Md.
16. Informant: Mrs. George Lauer
Address 235 Water Hall, Frostburg Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 1-17-1951 (month) (day) (year)
Cemetery or crematory: Frostburg Mem Park
Location: Frostburg Md
16. Funeral director: Jacob Kuper
Address: Frostburg, Md.
19. 1-15-1951 (Date rec'd by registrar) Mrs Nancy N. Roe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: January 14 1951, at 3:45 p M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from September 23 1950, to January 14 1951
and that I last saw her alive on January 14 1951

	DURATION
Immediate cause of death: Congenital Heart Disease	4½ mo.
Due to	
Due to	
Other conditions	
754.4	
1572	

(Include pregnancy within 3 months of death)
Major findings of operations ..... Date of op. .....
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE: Hilda Jane Walton M.D. (M. D. or other)
Address: Frostburg Md Date signed 1/14/51

209230 23 #405

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

0624

Reg. Dist. No. 4

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

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VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 76 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): Canal St.

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) F. (Last) Eaton

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 195[illegible]

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: Aug 18-1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Boatsman

10b. KIND OF BUSINESS OR INDUSTRY: Canal

11. BIRTHPLACE (State or foreign country): Cumberland, Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Randolf Eaton

14. MOTHER'S MAIDEN NAME: Henrietta Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Lillian Cassell, Ridgely W.Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Lobar Pneumonia — Interval between onset and death: about 3 days.

490X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

108

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

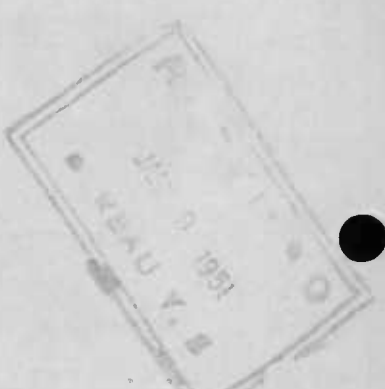
22. *I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ✱ Inquiry ✱ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✱, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D.	H.V.Deming M.D.	Cumberland, Md.	Jan.2-1951

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 4-51	Rose Hill Cem	Cumberland Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 4, 1951	Walter R. Kantz, M.D.	Louis Stein Inc	"

673546



Within corporate limits

DR. ELIASON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0025

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND MD.
LENGTH OF STAY (in this place): 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND
COUNTY: ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND MD.
STREET ADDRESS (If rural, give location): 121 WEST FIRST STREET

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) PAUL (Last) EVERLY

4. DATE OF DEATH: (Month) JAN. (Day) 29 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE

8. DATE OF BIRTH: DEC. 3 1950

9. AGE last birthday: yrs. If under 1 year: Months 1, Days 26; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): CUMBERLAND MD.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: EVERLY RAY T.

14. MOTHER'S MAIDEN NAME: MULVEY CLARA BELLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Atelectasis Epilepsy — Interval Between Onset and Death: 4 Wks.

344 x

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

157 a

(b) Hydrocephalus — 4 wks.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1951, to 1-29, 1951, that I last saw the deceased alive on 1-28, 1951, and that death occurred at 5:40 A.m. from the causes and on the date stated above.

SIGNATURE: H. E. Eliason (Degree or title) M.D. ADDRESS: 136 Union St Cumberland Md DATE SIGNED

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: Feb 1 51 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cem — LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Jan. 31, 1951 — REGISTRAR'S SIGNATURE: Irvin R. Frantz, M.D.

24. FUNERAL DIRECTOR: Louis Stein Inc — ADDRESS: Cumberland Md

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FEB

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0026

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Allegany · STATE: MARYLAND · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland · LENGTH OF STAY (in this place): — · HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md · COUNTY: Allegany · CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland · STREET ADDRESS (If rural, give location): 5 Decatur St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) — (Last) Fulton

4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 25 1896

9. AGE last birthday: 54 yrs. · If under 1 year: Months — Days — · If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mgr. Telegraphier

10b. KIND OF BUSINESS OR INDUSTRY: Western Union

11. BIRTHPLACE (State or foreign country): Passaic N. J.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Alex Fulton

14. MOTHER'S MAIDEN NAME: Cornelia Van Handel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No · (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 214-05-5385

17. INFORMANT AND ADDRESS: Mrs. Kathryn Fulton, 5 Decatur St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Tumor Lung — Interval Between Onset and Death: Acute

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c) —

33 X
83a

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: —

19a. DATE OF OPERATION: — · 19b. MAJOR FINDINGS OF OPERATION: — · 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — · PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — · (CITY OR TOWN): — · (COUNTY): — · (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — · INJURY OCCURRED While at Work ☐ Not While At work ☐ · HOW DID INJURY OCCUR?: —

22. I hereby certify that I attended the deceased from 1/22, 1951, to 1/22, 1951, that I last saw the deceased alive on 1/22, 1951, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John R Rozmeri M D · ADDRESS: Cumberland Md · DATE SIGNED: 1/25/51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial · DATE THEREOF: Jan 25, 1951 · NAME OF CEMETERY OR CREMATORY: Rose Hill Mausoleum · LOCATION (City, town, or county): Cumberland · (State): Md

DATE REC'D BY LOCAL REG.: Jan. 25, 1951 · REGISTRAR'S SIGNATURE: Walter R. Franty, M.D. · 24. FUNERAL DIRECTOR: John J Hafer-Cumberland Md · ADDRESS

360579

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0027

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place) 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ft Savage
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Caubera (Middle) (Last) Gibson

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED: Married

8. DATE OF BIRTH: Sept 16 1904

9. AGE last birthday: 46 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dresser

10b. KIND OF BUSINESS OR INDUSTRY: Cleaning Co.

11. BIRTHPLACE (State or foreign country): Ft Savage Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Grimm

14. MOTHER'S MAIDEN NAME: Mary Birmingham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Virgil Tingler, Cumb'd. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Emphysema Bilateral — 5 weeks

511 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tonsillar Abscess — 9 weeks

63 L

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Vascular Disease — several years

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1950, to Jan 19, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 6.25 a m, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

F. Alan G. Munn Asst Cumberland Md Jan 19-51

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 22 '51 — NAME OF CEMETERY OR CREMATORY St Patricks Cem — LOCATION (City, town, or county) Ft Savage — (State) Md

DATE REC'D BY LOCAL REG. Jan. 19, 1951 — REGISTRAR'S SIGNATURE Charles R. Lantz, M.D. — 24. FUNERAL DIRECTOR — ADDRESS Lowe-Stein Inc Cumberland

64346


JAN 28 1951
BUREAU V. S.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0028

Reg. Dist. No. 4

M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 126 West 1st. St.,

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) HENRY (Last) GILL

4. DATE OF DEATH: (Month) Jan. 15, (Day) (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1881

9. AGE last birthday: 69 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Taylor Tinplate

11. BIRTHPLACE (State or foreign country): Swansea, Wales

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John Gill

14. MOTHER'S MAIDEN NAME: Eliza Roberts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs. Mamie Gill 126 W. 1st St., Cumb.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Uraemia	2 wks.
Antecedent cause(s) (b)	Myocarditis	3 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

422.2 93e

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to Jan. 15, 1951, that I last saw the deceased alive on Jan. 14, 1951, and that death occurred at 7:10 A. m., from the causes and on the date stated above.

SIGNATURE: Clyde L. Lantz — (Degree or title) M.D. — ADDRESS: Cumberland — DATE SIGNED: 1/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/18/51	Hillcrest Burial Park	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 17, 1951	Wirtes R. Lantz, M.D.	Charles L. George	Cumb. Md.

523205

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0029

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (In this place) 59 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 201 South St

3. NAME OF DECEASED (Type or Print): (First) Albert (Middle) Raymond (Last) Hahne

4. DATE OF DEATH: (Month) 1/18/51 (Day) (Year) 19

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 12/25/1891

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meteral Supervisor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Cumberland, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: August M. Hahne

14. MOTHER'S MAIDEN NAME: Christina Hess

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 705-05-5170

17. INFORMANT AND ADDRESS: Florean Barger Hahne

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) 422.2

(c) 932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 15, 1951, to January 18, 1951, that I last saw the deceased alive on January 18, 1951, and that death occurred at 11:45 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Cumberland Md. January 19, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/21/51 — NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery — LOCATION (City, town, or county) (State): Cumberland

DATE REC'D BY LOCAL REG. Jan. 19, 1951 — REGISTRAR'S SIGNATURE: Writes L. Frantz, M.D.

24. FUNERAL DIRECTOR — ADDRESS: James F. Scarpelli Cumberland, Md

290 506

Within corporate limits

Evidence for addition in #18 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0630

FILM No. G 130 JAN 17 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible] Near Frostburg; STREET ADDRESS (If rural, give location) [illegible] St. [illegible] Rt. 1, Moraston

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	James	William	Harden		1	1	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Nov 14 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Miner	Coal Mines	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Michael Harden	Barbara Shatzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	—	Jacob Hafer, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure	6 days
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a	(b) Coronary sclerosis (1-17-51 - ams)	3 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

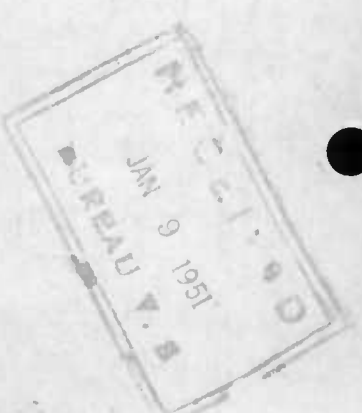
22. I hereby certify that I attended the deceased from Dec. [illegible], 19[illegible], to June 1, 1951, that I last saw the deceased alive on Dec. 30, 1950, and that death occurred at 4:12 p m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur J. Jones M.D.		1105 Center St.	Jan. 2, 1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 4 1951	St. Michaels Cem.	Frostburg, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 2, 1951	Winnifred L. Bantz, M.D.	Jacob Hafer, "	"

650216


JAN 9 1951

Evidence for change in 9 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0031

FILM No. G 15 FEB 7 1951

CERTIFICATE OF DEATH

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; LENGTH OF STAY (in this place) 13 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 8 Fairview St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Frostburg; STREET ADDRESS (If rural, give location) 8 Fairview St.

3. NAME OF DECEASED (Type or Print): (First) Hilda (Middle) Mae (Last) Hill

4. DATE OF DEATH: (Month) (Day) (Year) 1 - 29 - 1951

5. SEX: Female

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Aug. 14 - 1914

9. AGE last birthday: 36 ~~37~~ yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaning Woman

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Hendricks

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-12-8778

17. INFORMANT AND ADDRESS: Robert Hill, 8 Fairview St. Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Heart Attack	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Heart & Kidney Disease	3 years
	(c)	

442x

932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1941, to Jan 28, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 2 00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Hilda Jones Watkins M.D. 48 Broadway Frostburg Md 1-30-51

23. BURIAL, CREMATION / REMOVAL (Specify) Burial

DATE THEREOF 1-31-1951

NAME OF CEMETERY OR CREMATORY Frostburg Mem. Park

LOCATION (City, town, or county) (State) Frostburg, Md

DATE REC'D BY LOCAL REG. 1-31-51

REGISTRAR'S SIGNATURE Mrs. Nancy K Roe

24. FUNERAL DIRECTOR ADDRESS Jacob Hafer, Frostburg, Md.

72-0826

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
FEB 5 1951

Dr. McLane

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0032

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place): 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Route 1, Frostburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) (Last) HOBLITZELL

4. DATE OF DEATH: (Month) Jan. (Day) 7, (Year) 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 7-7-1870

9. AGE last birthday: 80 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired miner

10b. KIND OF BUSINESS OR INDUSTRY: coal mines

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Hoblitzell

14. MOTHER'S MAIDEN NAME: Margaret Shearer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Helen Parker, Rt. 1, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Embolism — several years

331 Antecedent cause(s) (b) Post Cerebral Hemorrhage Syndrome — 1 year

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1950, to Jan 7, 1951, that I last saw the deceased alive on Jan 7, 1951, and that death occurred at 4:40 P m., from the causes and on the date stated above.

SIGNATURE: Wm Lane M.D. — (Degree or title) — ADDRESS: Frostburg Md — DATE SIGNED: Jan 8 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-10-1951 | NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park | LOCATION (City, town or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 1-10-51 | REGISTRAR'S SIGNATURE: Mrs. Nancy N. Roe

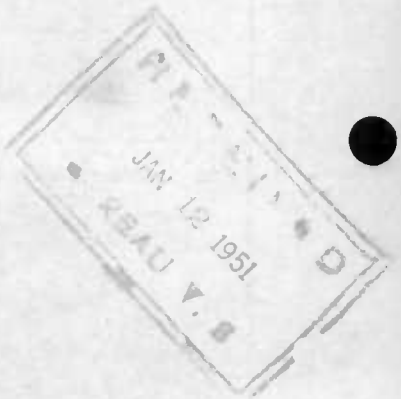
24. FUNERAL DIRECTOR: J. R. Durst, — ADDRESS: Frostburg, Md.

650216

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


JAN 12 1951
KBAU V. 8

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0733

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland. LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED. STATE W Va COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Keyser.
STREET ADDRESS (If rural, give location) Rt # 7

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Alice (Last) Holbert
4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Married	May 4 1873	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Gilmer County W. Va.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Thomas Bollinger
14. MOTHER'S MAIDEN NAME: Caroline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS: C. R. Holbert, Grafton, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Intestinal Abstruction	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Metastatic Carcinoma of liver, Original site unknown	1 year
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Partial Obstruction	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Jan 29, 1951, that I last saw the deceased alive on Jan 28, 1951, and that death occurred at 4 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Orville G Wiseman MD	596 Greene St Cumberland	1/29/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	1/30/51	Weston Masonic Cem	Weston W. Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 30, 1951	Wirtes R. Frantz, M.D.	Bartlett Funeral Home	Grafton W. Va

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15


RECEIVED
FEB 5 1951
BUREAU V. S.

Within corporate limits

Dr. 5-1-07

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0034

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

I

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1021 Virginia Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 1021 Virginia Ave.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Oliver (Last) Jenkins

4. DATE OF DEATH: (Month) January (Day) 4 (Year) 1951

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 16, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer - Retired

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Allegany Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John R. Jenkins

14. MOTHER'S MAIDEN NAME: Margaret Stickley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 214-05-8621-A

17. INFORMANT AND ADDRESS: Mrs. Ella Jenkins, 1021 Virginia Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cereb. vascular accident	3 hrs
331X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	3 years
82a	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19.5.., to Jan 4, 19.51., that I last saw the deceased alive on Jan 4, 19.51, and that death occurred at 10:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George M Lyerson M.D Cumberland Md. 1/5/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan. 6, 1951

NAME OF CEMETERY OR CREMATORY: Mt. Pleasant Methodist Cemetery

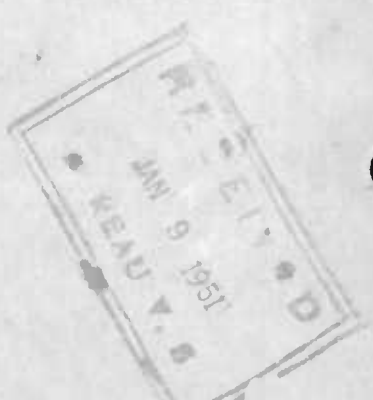
LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: Jan. 6, 1951

REGISTRAR'S SIGNATURE: Wintes R. Frantz, M.D.

24. FUNERAL DIRECTOR: John J. Hafer, Cumberland ADDRESS: Md.

810105


RECEIVED
JAN 9 1951
KEAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0035

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (in this place): 6 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 804 Bedford St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; STREET ADDRESS (If rural, give location): 804 Bedford St.

3. NAME OF DECEASED (Type or Print): Harry Walter Johnson

4. DATE OF DEATH: Jan. 22 1951

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Sept 29-1888

9. AGE last birthday: 62 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter - Self.

10b. KIND OF BUSINESS OR INDUSTRY: Contractor

11. BIRTHPLACE (State or foreign country): Woodside Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Neff Johnson

14. MOTHER'S MAIDEN NAME: Ida May Walters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: May Zembower (sister) 804 Bedford St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

526 ×

Immediate cause (a) Coronary embolism — at once

94a

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1950

19b. MAJOR FINDINGS OF OPERATION: Bronchiectasis, right lung removed by Dr. Davis

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. V. Deming M.D. H. V. Deming M.D. Cumberland, Md. Jan. 22-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 24 1951

NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. Jan. 24, 1951

REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Right, Cumberland, Md.

316690


JAN 30 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0636

CERTIFICATE OF DEATH

Reg. Dist. No. 8

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) (Last) Jones

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept 8, 1862

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner

10b. KIND OF BUSINESS OR INDUSTRY: Coal Mine

11. BIRTHPLACE (State or foreign country): Nova Scotia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Jones

14. MOTHER'S MAIDEN NAME: Rebeca Bradley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Nellie McCormick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Arteriosclerotic Cardio vasculer

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1948, to 1/11, 1951, that I last saw the deceased alive on 1/10, 1951, and that death occurred at 7:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Paul Eugene Dyke, M.D — Lonaconing Md — 1/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Jan 13, 1951 — NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery — LOCATION (City, town, or county) (State): Lonaconing Md

DATE REC'D BY LOCAL REG: 1-13-51 — REGISTRAR'S SIGNATURE: Jeannette McCool

24. FUNERAL DIRECTOR: M. Eichhorn — ADDRESS: Lonaconing Md.

650216

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0037

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 29 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 215 E. Oldtown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 215 E. Oldtown Rd.

3. NAME OF DECEASED (Type or Print): (First) Julian (Middle) (Last) Laurent

4. DATE OF DEATH: (Month) Jan. (Day) 30 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2/18/1856

9. AGE last birthday: 94 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Stationary Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Extract Plant

11. BIRTHPLACE (State or foreign country): Benaminel, France

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: unkown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Russell C. Laureny

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocarditis, senile age 94

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

422.2
932

(c) none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/10, 1948, to 1/30, 1951, that I last saw the deceased alive on 1/30, 1951, and that death occurred at 10 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): R. B. Markeen M.D. — ADDRESS: 49 Green St., Cumberland, Md. — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 2/2/51 — NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Feb. 1, 1951 — REGISTRAR'S SIGNATURE: Winter A. Frantz, M.D.

24. FUNERAL DIRECTOR: James F. Scarpelli — ADDRESS: Cumberland, Md

583609

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0038

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

Stern Cell 27.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY in this place 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE W Va; COUNTY Hampshire; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Slanesville; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jesse	Washington	Lee	Jan	8,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	5/15/1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	On farm	W Virginia	U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: Hanna Catherine Lee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Mrs Earl Sowers Augusta W Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

570.5 **Immediate cause** (a) Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

122 b **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1/6, 1951, to 1/8, 1951, that I last saw the deceased alive on Jan 8, 1951, and that death occurred at 6 55 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R. M. Schindler	M.D.	4 Fremont St.	Jany 9/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/10/51	Mt union Cemetery	Hampshire Co W.Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 9 1951	Walter R. Hanby, M.D.	Inskeep Funeral Home	Augusta W.Va

052105

Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0033

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY in this place: 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 921 Silbert Place

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 921 Silbert Place

3. NAME OF DECEASED (Type or Print): (First) WARREN (Middle) GEARY (Last) LEWIS

4. DATE OF DEATH: (Month) Jan. (Day) 17, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 8, 1894

9. AGE last birthday: 56 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist's Helper

10b. KIND OF BUSINESS OR INDUSTRY: Rayon Fact.

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Theo Lewis

14. MOTHER'S MAIDEN NAME: Ida Geary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 214-07-4397

17. INFORMANT AND ADDRESS: Mrs. Geraldine Beegle, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Coronary Thrombosis	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Myocarditis	2 yrs
(c)		

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐:

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1950, to Jan 17, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 2:45A. m., from the causes and on the date stated above.

SIGNATURE: Clay R. Garrett (Degree or title) M.D — ADDRESS: Cumberland — DATE SIGNED: 1/17/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — **DATE THEREOF:** Jan. 19, 1951 — **NAME OF CEMETERY OR CREMATORY:** Methodist Cemetery — **LOCATION (City, town, or county) (State):** Mt. Savage, Md.

DATE REC'D BY LOCAL REG.: Jan. 19, 1951 — **REGISTRAR'S SIGNATURE:** Wilter R. Dantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

544 449

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0040

Reg. Dist. No. 9

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. No 1 Frostburg, Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Loarstown
STREET ADDRESS (If rural, give location) R.D. No 1 Frostburg, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Azariah	Embry	Loar	1	21	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	8-28-1875	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Own Farm	Loarstown, Md	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jacob Loar	Harriet Loar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	None	Mr. Vernon Loar, Loarstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cerebral Hemorrhage & left side paralysis	6 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Hypertensive Cardiovascular Renal Disease	Years
(c)	

442x
131a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 15 Dec, 1950, to 21 Jan., 1951, that I last saw the deceased alive on 21 Jan., 1951, and that death occurred at 11:20 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
John B. Davis, M.D.	Frostburg, Md.	1/22/51.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-24-1951	Loar Cemetery	Enright, Loarstown, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-23-51	Mrs. Nancy N. Rod	Jack Hafer	Frostburg, Md.

052105

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


JAN 29 1951

Within corporate limits

DR. TOPPER

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0041

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: ALLEGANY; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND; LENGTH OF STAY (In this place): 79 YRS; HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: ALLEGANY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND; STREET ADDRESS (If rural, give location): 334 FAYETTE STREET

3. NAME OF DECEASED (Type or Print): (First) LAURA (Middle) BELL (Last) LUMAN

4. DATE OF DEATH: (Month) JANUARY (Day) 10 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED

8. DATE OF BIRTH: AUG 26 1871

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: JOSHUA BOPST

14. MOTHER'S MAIDEN NAME: JULIA FLEMING

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

163x

Immediate cause (a) Cancer Left Lung — Interval Between Onset and Death: 2 yrs.

47d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Jan 10 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 3:34 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): John A Topper MD — ADDRESS: Hyndman Pa — DATE SIGNED: 1.11.51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/13/51 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEM. — LOCATION (City, town, or county) (State): FREDERICK Md.

DATE REC'D BY LOCAL REG.: Jan. 12, 1951 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D. — 24. FUNERAL DIRECTOR: Louis Stein & Son — ADDRESS: Cumberland


RECEIVED
JAN 16 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0042 4

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 109 Bellvue St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Henry	Mc Carty	Jan	14	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Nov 9 1874	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	St Patricks Church	Washington Co, Md.	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Mc Carty	Mary Ellen Mannin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	212-18-1578	Mrs Viola Mc Carty - Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331x **Immediate cause** (a) Coreho - vascular accident — 1 week

83a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 10 Jan., 1951, to 14 Jan., 1951, that I last saw the deceased alive on 14 Jan 51, and that death occurred at 10 15 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Alfred Vance		Cumberland, Md.	15 Jan 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 17, 1951	Hillcrest Cemetery	Cumberland Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 17, 1951	Wenter K. Dantz, M.D.	John J. Hafer	Cumberland Md.

7752 46

Within corporate limits

Zimmerman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0643

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 41yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 439 N. Centre St.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Lynch (Last) McClure

4. DATE OF DEATH: (Month) Jan. (Day) 9, (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 6-21-1869

9. AGE last birthday: 81 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber

10b. KIND OF BUSINESS OR INDUSTRY: Own Business

11. BIRTHPLACE (State or foreign country): McKeesport, Penna.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John L. McClure

14. MOTHER'S MAIDEN NAME: Mary Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mercedes McClure Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
550.1	Immediate cause	(a) General Peritonitis	3 days
121	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Ruptured appendicitis	7 days
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-8-51

19b. MAJOR FINDINGS OF OPERATION: Generalized Peritonitis due to Ruptured Appendix

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8-51, 19..., to 1-9-, 1951, that I last saw the deceased alive on 1-9, 1951, and that death occurred at 10.50 p.m., from the causes and on the date stated above.

SIGNATURE: C. C. Zimmerman M.D. (Degree or title) — ADDRESS — DATE SIGNED: C. C. Zimmerman M.D.

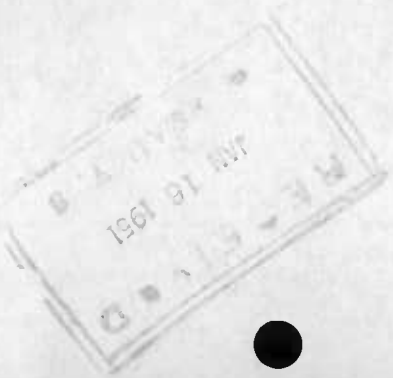
23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-12-1951 — NAME OF CEMETERY OR CREMATORY: St. Patricks — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 11, 1951 — REGISTRAR'S SIGNATURE: Walter L. Krantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

740849

Case 78



Within corporate limits.

MARYLAND STATE DEPARTMENT OF HEALTH

0044

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland; MARYLAND; LENGTH OF STAY (In this place): 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 91 Henderson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md.; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Barrellsville (rural); STREET ADDRESS (If rural, give location): P.O.R.F.D.Mt Savage,Md.

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) Edgar (Last) Meager

4. DATE OF DEATH: (Month) Jan. (Day) 28 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb.26-1915

9. AGE last birthday: 35 yrs. If under 1 year: Months / Days; If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer at

10b. KIND OF BUSINESS OR INDUSTRY: Mc Kaig's Steel Mill

11. BIRTHPLACE (State or foreign country): Frostburg, Md

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Victor Meager

14. MOTHER'S MAIDEN NAME: Pearl Hart

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 220-10-4015

17. INFORMANT AND ADDRESS: Papers in pocket book.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 **Immediate cause** (a) Coronary occlusion — Interval between onset and death: at once

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary sclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H.V.Deming M.D H. V. Deming M.D Cumberland,Md. Jan.28-1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 30 1951

NAME OF CEMETERY OR CREMATORY: Eckhart Cemetery

LOCATION (City, town, or county) (State): Eckhart Maryland

DATE REC'D BY LOCAL REG.: Jan. 29, 1951

REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR ADDRESS: William H. Kight, Cumberland, Md.

970336

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0045

CERTIFICATE OF DEATH

1454

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 213 Knox Street

3. NAME OF DECEASED (Type or Print) (First) Elizabeth (Middle) (Last) Means

4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1951

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH June 2, 1883

9. AGE last birthday 67 yrs. If under 1 year Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Smith

14. MOTHER'S MAIDEN NAME Savannah Robinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Agnes Means, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerosis	2 years
	(c)	

450.0

186a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. fractured hip Oct. 1950

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT (Specify) ~~SUICIDE~~ HOMICIDE Oct. 2 1950
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY home
(CITY OR TOWN) Cumberland (COUNTY) Allegany (STATE) Md

TIME OF INJURY (Month) Oct (Day) 2 (Year) 1950 (Hour) 6P.M.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? fell on icy steps

22. I hereby certify that I attended the deceased from 3-4, 1950, to 1-5, 1951, that I last saw the deceased alive on 1-5-, 19 51, and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE Wm (Degree or title) MD ADDRESS 57 Greene St. DATE SIGNED 1-6-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 8, 1951
NAME OF CEMETERY OR CREMATORY Hill Crest Cemetery
LOCATION (City, town, or county) Cumberland, Md (State)

DATE REC'D BY LOCAL REG. Jan. 7, 1951
REGISTRAR'S SIGNATURE Winter E. Manz, M.D.

24. FUNERAL DIRECTOR William H. Kight ADDRESS Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

Dr. L Bridges

Within corporate limits

Dr. Arthur Jones

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0045

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 4 1/2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 18 1/2 Elder St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md
COUNTY: Allegany.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 18 1/2 Elder St.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Catherine (Last) Meeks

4. DATE OF DEATH: (Month) Jan (Day) 21 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct 2, 1874

9. AGE last birthday: 76 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown - adopted

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Charles Meeks - Cumberland Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331x Immediate cause (a) Cerebral Vascular Accident — Interval Between Onset and Death: 14 hrs

82a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral + general Arteriosclerosis — 4 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

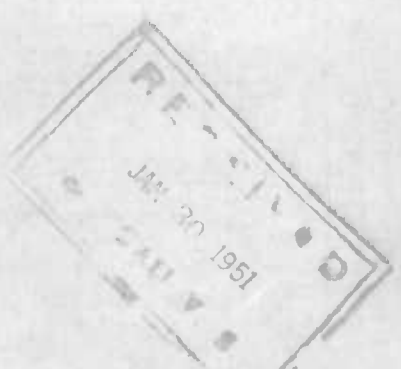
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1950, to Jan 21, 1951, that I last saw the deceased alive on Jan. 20, 1951, and that death occurred at 6:20 a.m., from the causes and on the date stated above.

SIGNATURE: Arthur F. Jones (Degree or title) M. D. ADDRESS 110 S. Centre St. DATE SIGNED 1-23-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Jan 24, 1951 | NAME OF CEMETERY OR CREMATORY: Camp Hill Cemetery | LOCATION (City, town, or county) (State): Paw Paw W. Va

DATE REC'D BY LOCAL REG.: Jan. 24, 1951 | REGISTRAR'S SIGNATURE: Winter K. Kantz, M.D. | 24. FUNERAL DIRECTOR ADDRESS: John J. Hafer Cumberland Md


JAN 30 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0047 6 Reg. Dist. No.

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ½ Mi E. Barton; LENGTH OF STAY (in this place) 3 Ds; HOSPITAL OR INSTITUTION OR STREET ADDRESS ½ Mi. E. Barton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md., COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural; STREET ADDRESS (If rural, give location) ½ Mi. E. Barton

3. NAME OF DECEASED (Type or Print): (First) Alice (Middle) June (Last) Metz

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 1/9/51

9. AGE last birthday: yrs.; If under 1 year: Months; Days 2; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Barton, Md.

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Chester W. Metz

14. MOTHER'S MAIDEN NAME: Mary E. Machin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: oo

17. INFORMANT AND ADDRESS: Chester W. Metz Barton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0 **Immediate cause** (a) atelectasis & lungs - — Interval Between Onset and Death: 2 days.

161a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1951, to 1/11, 1951, that I last saw the deceased alive on 1/10, 1951, and that death occurred at 11 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C W Reeves MD — ADDRESS: Westernport Md — DATE SIGNED: 1/12/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1/13/51 — NAME OF CEMETERY OR CREMATORY: Laurel Hill — LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG.: Jan 13/51 — REGISTRAR'S SIGNATURE: A Raymond Baer MD

24. FUNERAL DIRECTOR: E.S. Boal — ADDRESS: Westernport, Md.

10/10 9/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0048

CERTIFICATE OF DEATH

Reg. Dist. No. 6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westernport | LENGTH OF STAY (in this place) 12 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 230 Wood St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN westernport
STREET ADDRESS 230 Wood St. (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Cleaver (Middle) Augustus (Last) Michael
4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1951

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Dec. 7, 1861
9. AGE last birthday: 89 yrs. | If under 1 year: Months 1 Days 12 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (owner)
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Westernport-Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George L. Michael
14. MOTHER'S MAIDEN NAME: Myrla Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Ruth Michael-Westernport, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	3 Days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	10 Years
	(c)	

331x
83a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 1951, to Jan. 19, 1951, that I last saw the deceased alive on Jan. 19, 1951, and that death occurred at 10:35 A. m., from the causes and on the date stated above.

SIGNATURE: Paul R. Wilson (Degree or title) M.D. ADDRESS: Piedmont, W. Va. DATE SIGNED: Jan 20, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/22/51 | NAME OF CEMETERY OR CREMATORY: Philos Cem. | LOCATION (City, town, or county) (State): Westernport, Md.

DATE REC'D BY LOCAL REG.: Jan. 22/51 | REGISTRAR'S SIGNATURE: A. Bayne Baker M.D.
24. FUNERAL DIRECTOR ADDRESS: Ellsworth S. Boal Westernport, Md.

290116


JAN 29 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0043

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY ALLEGANY (CUMBERLAND) MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (in this place) 5 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania (BEDFORD) COUNTY BEDFORD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Bedford
STREET ADDRESS (If rural, give location) R. D. #3

3. NAME OF DECEASED (Type or Print): (First) Andrew (Middle) Thomas (Last) Miller

4. DATE OF DEATH: (Month) January (Day) 18 (Year) 1951

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: Nov. 6, 1875

9. AGE last birthday: 75 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm owner

11. BIRTHPLACE (State or foreign country): PENNA. Bedford Valley

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: MILLER, JACOB

14. MOTHER'S MAIDEN NAME: DICKEN, HARRIETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Daisey Miller R. D. #3 Bedford

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

177x Immediate cause (a) Carcinoma of Prostate — Interval Between Onset and Death: 7

51b Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION: 1-18-51

19b. MAJOR FINDINGS OF OPERATION: Tissue removed for biopsy

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-12-, 1951, to 1-18-, 1951, that I last saw the deceased alive on 1-18-, 1951, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edward L. Folsom, M.D. Cumberland Md 1-18-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 1/21/51

NAME OF CEMETERY OR CREMATORY: Fellowship Cem.

LOCATION (City, town, or county) (State): Centreville, Penna.

DATE REC'D BY LOCAL REG.: Jan. 19, 1951

REGISTRAR'S SIGNATURE: Winter R. Crouse, M.D.

24. FUNERAL DIRECTOR: H. Wayne George ADDRESS: Cumberland, Md.

290116

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

0050

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage — LENGTH OF STAY (In this place) Lifetime — HOSPITAL OR INSTITUTION OR STREET ADDRESS Mert Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Allegany — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Savage — STREET ADDRESS (If rural, give location) Mert Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ellen (Last) Miller

4. DATE OF DEATH: (Month) 1 (Day) 20 (Year) 1957

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-22-1879

9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Mt. Savage, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael P. Kane

14. MOTHER'S MAIDEN NAME: Sarah Ellen Arnold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: 420 Columbia St. Edmund J. Miller, Cumberland, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443x

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 12 hrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension Heart disease — 2 yrs

93d

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1950, to Jan 21, 1957, that I last saw the deceased alive on Jan 19, 1957, and that death occurred at 9.30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Alan E. Nuss MD Cumberland Md Jan 22/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-23-1957

NAME OF CEMETERY OR CREMATORY: St. Patrick's Cemetery

LOCATION (City, town, or county) (State): Mt. Savage, Md.

DATE REC'D BY LOCAL REG. 22-57

REGISTRAR'S SIGNATURE: Veronica McDermott

24. FUNERAL DIRECTOR: Jacob Harper, Frostburg, Md.

ADDRESS:

Within corporate limits

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0051

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH COUNTY Allegany — MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Cumberland — LENGTH OF STAY (in this place) HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany County Infirmary	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland — COUNTY Allegany CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland STREET ADDRESS (If rural, give location) ~~Furnace Street~~ 816 Greene St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alexander		Mitchell	Jan.	27	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	White	Widowed	Feb. 3, 1871	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Bank Employee (Asst. Mgr.)	Bank	Scotland (Stone Haven)	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Mitchell	Margaret Gordon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		217-14-1809	son - J. Gordon Mitchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331x Immediate cause	(a) Cerebro vascular accident	5 days
83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	1 yr
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan. 24, 1950, to Jan. 27, 1951, that I last saw the deceased alive on Jan. 27, 1951, and that death occurred at 9:05 p. m. from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Arthur F. Jones	M. D.	110 S. Centre St.	Jan. 29, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-30-1951	Bouden Park Cem.	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 28, 1951	Walter R. Hartz, M.D.	Charles L. George	Cumberland, Md.

390716

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0052

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 164 Bowery Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Allegan
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
STREET ADDRESS (If rural, give location): 164 Bowery Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ANN	NEAL	Jan.	1,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
female	white	widowed	6-3-1867	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housework	home	London, England	USA

13. FATHER'S NAME: James B. Jacobs

14. MOTHER'S MAIDEN NAME: Mary Burton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Velma Neal, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	6 days
443 X Antecedent cause(s)		
932 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension & myocarditis	10 yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/26, 1950, to 1/1/, 1951, that I last saw the deceased alive on 12/31, 1950, and that death occurred at 5:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Lattens	M.D.	167 E. Main St. Frostburg Md.	1/3/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-3-51	Frostburg Mem'l Park	Frostburg, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-3-51	Mrs. Nancy A. Roe	J. R. Durst,	Frostburg, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0653

CERTIFICATE OF DEATH

Reg. Dist. No. 4

M

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T

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 15 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 614 Bedford Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 614 Bedford Street

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Jewell (Last) Percy
4. DATE OF DEATH: (Month) Jan (Day) 4 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 15 1906
9. AGE: Last Birthday 44 yrs. | If over 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: Own House
11. BIRTHPLACE (State or foreign country): Davis West Virginia
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Louis B. Holcomb
14. MOTHER'S MAIDEN NAME: Dora Moyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: James Percy Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Thrombosis — Hours
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Arteriosclerosis — Years
940a (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

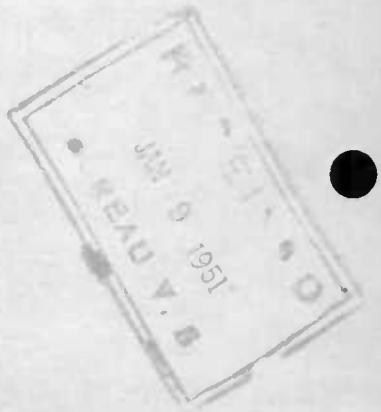
22. I hereby certify that I attended the deceased from 5-2, 1949, to 1-4, 1951, that I last saw the deceased alive on 1-3, 1951, and that death occurred at 6:36a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. A. Williams M.D. Cumberland 1-6-51.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Jan 7 1951 | NAME OF CEMETERY OR CREMATORY: Hill Crest Cemetery | LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG. Jan. 6, 1951 | REGISTRAR'S SIGNATURE Wirtes K. Mantz, M.D.

24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.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KEAU V. H

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0654 1

Reg. Dist. No.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Paw Paw W. Va; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt 1 Paw Paw W. Va; MARYLAND LENGTH OF STAY (in this place): 1½ yrs

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Near Paw Paw W. Va; STREET ADDRESS (If rural, give location): Rt 1 Paw Paw W. Va.

3. NAME OF DECEASED (Type or Print): (First) Annabelle (Middle) M. (Last) Piper

4. DATE OF DEATH: (Month) Jan (Day) 26 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 4 1897

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Ellerslie Md

12. CITIZEN OF WHAT COUNTRY? U-S.

13. FATHER'S NAME: James Holler

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-22-2995

17. INFORMANT AND ADDRESS: George Piper Rt 1 Paw Paw W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Hypocardatis Rheumatic — Interval Between Onset and Death: 1-5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b):

(c):

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 19 50, to 1-24-51, 19, that I last saw the deceased alive on 1-24-51, 19, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): J. J. Faus M.D. ADDRESS: Paw Paw W. Va. DATE SIGNED: 1-26-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF: Jan 29 1951; NAME OF CEMETERY OR CREMATORY: Hyndman Cemetery; LOCATION (City, town, or county) (State): Hyndman Pa.

DATE REC'D BY LOCAL REG.: Jan. 31-1951; REGISTRAR'S SIGNATURE: Mrs. Sue C. Grievan

24. FUNERAL DIRECTOR: John J. Hafer ADDRESS: Cumberland Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr. Wolfermann

1955

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rt. 1, Frostburg
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rt. 1, Frostburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) MAUDE (Middle) (Last) PLUMMER

4. DATE OF DEATH: (Month) Jan. (Day) 16, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 8-10-1874

9. AGE last birthday: 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Richards

14. MOTHER'S MAIDEN NAME: Mary M. Foley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Miss Iva Plummer, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) uremic coma	2 days
Antecedent cause(s)		
156.1 / 46 — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Kidney failure, ascitis	1 year
	(c) possible hepatic carcinoma	1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

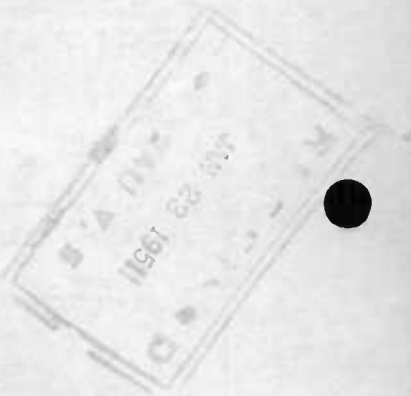
22. I hereby certify that I attended the deceased from August, 1950, to January, 1951, that I last saw the deceased alive on Jan. 15, 1951, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE: Adolf Wolfermann (Degree or title): M.D. ADDRESS: Frostburg DATE SIGNED: 1-18-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE: 1-18-51 NAME OF CEMETERY OR CREMATORY: Frostburg Mem'l Park LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 1-17-51 REGISTRAR'S SIGNATURE: Miss Nancy N. Roe

24. FUNERAL DIRECTOR: J. R. Durst, ADDRESS: Frostburg, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0056

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) 40 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 30 Greene St.

3. NAME OF DECEASED (Type or Print): (First) Anna (Middle) Lynn (Last) Porter

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Nov. 19, 1869

9. AGE Last birthday: 81 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Rawlings Md

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: William A Porter

14. MOTHER'S MAIDEN NAME: Sara Cresap

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Daniel Porter, Cumberland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lymphoma ? mediastinum — Interval between onset and death: 6 months?

202.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

572

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5 Dec., 1950, to 6 Jan., 1951, that I last saw the deceased alive on 6 Jan., 1951, and that death occurred at 8:35 a.m., from the causes and on the date stated above.

SIGNATURE: W. Alfred Vir Orner (Degree or title) ADDRESS: Cumberland, Md. DATE SIGNED: 7 Jan. 51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 8, 51

NAME OF CEMETERY OR CREMATORY: Rose Hill Cem

LOCATION (City, town or county): Cumberland (State): Md

DATE REC'D BY LOCAL REG.: Jan. 8, 1951

REGISTRAR'S SIGNATURE: Vernon K. Hartz, M.D.

24. FUNERAL DIRECTOR: Louis Stein ADDRESS: Dos Cumberland

Dr. Van Cramer

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0057

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: ALLEGANY	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: PENNSYLVANIA COUNTY: JEFFERSON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND — LENGTH OF STAY (In this place): 30 MIN.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: PUNXSTAWNEY PA.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL	STREET ADDRESS (If rural, give location): 814 E. MAHONING STREET

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CLARENCE	LEE	PRITCHARD	JAN.	31	51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
MALE	WHITE	MARRIED	5/21/1903	47 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ENGINEER	B. & O.R.R.CO.	CHARLESTON. W.VA.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
HENRY PRITCHARD	CORA DEW

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	705-07-8648	WIFE - EVELYN SMITH PRITCHARD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
420.1 **Immediate cause**	(a) CORONARY OCCLUSION	1 HOUR
94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) CORONARY SCLEROSIS	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural couses ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V.DEMING M.D.	H. V. Deming M.D.	CUMBERLAND MD.	1/31/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2-4-1951	North View Cem.	New Martinsville, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/51	Walter R. Rantz, M.D.	Charles L. George	Cumberland, Md.

VS. A15A

541506

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0058

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 313 Broadway

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland,
STREET ADDRESS (If rural, give location): 313 Broadway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGERY	VIRGINIA	RICE	Jan. 22, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed	Feb. 26, 1868	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Levels, W. Va.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Moreland	Mary Queen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO	None	Mrs. Mildred Humbertson 313 Broadway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Coronary occlusion

93d **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from June, 1950, to Jan 22, 1951, that I last saw the deceased alive on Jan 21, 1951, and that death occurred at ..... m, from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dudley M Brown	M. D.	Cumberland Md.	1/23/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY?	LOCATION (City, town, or county) (State)
Burial	1/24/51	Little Capon Cem.	Little Capon, W. Va.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 24, 1951	Winter K. Hantz, M.D.	Charles L. George	Cumberland, Md.

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0059

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 441 N. Center Street

3. NAME OF DECEASED (Type or Print): (First) William (Middle) P. (Last) Rizer

4. DATE OF DEATH: (Month) January (Day) 1 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.

8. DATE OF BIRTH: Nov. 14, 1868

9. AGE last birthday: 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Treas.

10b. KIND OF BUSINESS OR INDUSTRY: Brewery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Rizer

14. MOTHER'S MAIDEN NAME: Amanda N. Butts.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 219-03-8479

17. INFORMANT AND ADDRESS: Memorial Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval between onset and death: 9 days.

332 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

83 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to 1 Jan, 1951, that I last saw the deceased alive on 1 Jan, 1951, and that death occurred at 3 00 P. m., from the causes and on the date stated above.

SIGNATURE: L. S. Cooper — (Degree or title) M.D. — ADDRESS: 101 S. Centre St. Cumberland Md. — DATE SIGNED: 1 Jan 51.

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1-4-1951 — NAME OF CEMETERY OR CREMATORY: HillCrest Burial Park — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 4, 1951 — REGISTRAR'S SIGNATURE: Wynter K. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

290 418

Within corporate limits

Dr. Hallihan

0060

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hosptial

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 211 S. Spruce St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) B. (Last) Robinson

4. DATE OF DEATH: (Month) Jan. (Day) 26, (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 6-29-1886

9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Barbour Co. W. Va.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Robinson

14. MOTHER'S MAIDEN NAME: Hannah Hathaway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 236-12-6464

17. INFORMANT AND ADDRESS: Mrs. Cora Robinson Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

581.0 / 124b

Immediate cause (a) Cerebral Hemorrhage with hemiplegia — Interval between onset and death: 2 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cirrhosis of the liver with ascites

(c) Conjestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/24, 1951, to 1/26, 1951, that I last saw the deceased alive on 1/26/, 1951, and that death occurred at 6:30p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James P. Hallihan MD — 300 Decatur St. Cumberland, Md — 1/27/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 1-29-1951 — NAME OF CEMETERY OR CREMATORY: St. Patricks — LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 28, 1951 — REGISTRAR'S SIGNATURE: Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR: Charles L. George — ADDRESS: Cumberland, Md.

970516

Within corporate limits DR. W. F. WILLIAMS

0661

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY CUMBERLAND MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
LENGTH OF STAY (In this place) 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE WEST VIRGINIA COUNTY Grant
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PETERSBURG
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) HARMAN (Middle) (Last) ROBY

4. DATE OF DEATH (Month) JAN. (Day) 13 (Year) 1951

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 8/6/12

9. AGE last birthday 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY State Roads Comm.

11. BIRTHPLACE (State or foreign country) WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME GRANT ROBY

14. MOTHER'S MAIDEN NAME ESSIE VANCE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS MEMORIAL HOSPITAL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Nephritis (Uremia) — Interval Between Onset and Death: Very long time.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
260 X
61
(b) Diabetes mellitus.
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-21-, 1950, to 1-13-, 1951, that I last saw the deceased alive on 1-12-, 1951, and that death occurred at 6:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wm. F. Williams M.D. Cumberland 1-13-51.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Jan. 15, 1951

NAME OF CEMETERY OR CREMATORY Maple Hill

LOCATION (City, town, or county) (State) Petersburg Grant Co. W. Va.

DATE REC'D BY LOCAL REG. Jan. 15, 1951

REGISTRAR'S SIGNATURE Winter R. Bantz, M.D.

24. FUNERAL DIRECTOR P. E. Thrush & Son ADDRESS

683246

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

DR. MURRAY

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0062

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CUMBERLAND
LENGTH OF STAY (in this place): 34 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS: MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: PENNSYLVANIA — COUNTY: SOMERSET
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: KENNELL MILLS
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) FRANKLIN (Middle) LOUIS (Last) SCHROCK

4. DATE OF DEATH: (Month) JANUARY (Day) 31 (Year) 1950

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: 11/22/79

9. AGE: Last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): PENNSYLVANIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John SCHROCK

14. MOTHER'S MAIDEN NAME: MARY WILTROUT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL -CUMBERLAND MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Exhaustion & Anemia	3 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cancer of Stomach	1 year
	(c) Patient removal 1/2 stomach Patient 4 months ago	

151 x
46 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct 1950
19b. MAJOR FINDINGS OF OPERATION: Cancer of Pyloric End Stomach
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct, 1950, to Jan, 1951, that I last saw the deceased alive on Jan 22, 1951, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE: H. Alan G. Murray (Degree or title) MD ADDRESS: Cumberland Md DATE SIGNED: Feb 2/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 2/3/1951
NAME OF CEMETERY OR CREMATORY: Cook cemetery
LOCATION (City, town, or county) (State): Wellersburg, Pa.

DATE REC'D BY LOCAL REG.: Feb. 2 1951
REGISTRAR'S SIGNATURE: Hunter R Beatty, MD
24. FUNERAL DIRECTOR: Harry J. Engle ADDRESS: Hyndman, Pa.

VVV VVV


RECEIVED
FEB 5 1951

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 0669

1. PLACE OF DEATH: COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frostburg; LENGTH OF STAY (in this place) 2 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Barton R.F.D. No 2; STREET ADDRESS (If rural, give location) Frostburg, Md.

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Elmer (Last) Shriver

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 11-16-1909

9. AGE last birthday: 41 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insulator

10b. KIND OF BUSINESS OR INDUSTRY: Textile

11. BIRTHPLACE (State or foreign country): Frostburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alonzo Shriver

14. MOTHER'S MAIDEN NAME: Mary Bruce

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO.: 212-18-1291

17. INFORMANT AND ADDRESS: R.F.D. No 2 Frank Shriver, Frostburg, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute congestive Heart failure	24 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis for years	years
	(c) Duodenal ulcer with partial obstruction	1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to 18 Jan, 1951, that I last saw the deceased alive on 18 Jan, 1951, and that death occurred at 6 40 m., from the causes and on the date stated above.

SIGNATURE: John B. Davis (Degree or title) M.D. ADDRESS: Frostburg, Md DATE SIGNED: 1/20/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1-21-1951 | NAME OF CEMETERY OR CREMATORY: Frostburg Memorial | LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG. 1-20-51 | REGISTRAR'S SIGNATURE: Mrs Stanley N. Rose | 24. FUNERAL DIRECTOR: Jacob Hafer | ADDRESS: Frostburg, Md.

620808

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0064

CERTIFICATE OF DEATH

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Midland; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS Barton

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Moscow; STREET ADDRESS (If rural, give location) Barton, Md.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Mandy (Last) Shriver

4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 10-27-1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Garrett Co. Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Mary Fazenbaker

14. MOTHER'S MAIDEN NAME: Julia Ann Fazenbaker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Ruth Shriver, Moscow

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis and Myocardial Degeneration Not Specified As Rheumatic — Interval Between Onset and Death: 2 Years

422.1 / 93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 5 Years

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute Cholecystitis and Cholangytis — 10 Days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 2, 1949, to Jan. 28, 1951, that I last saw the deceased alive on Jan. 28, 1951, and that death occurred at 9:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Paul R. Wilson M.D. Piedmont, W. Va. Jan. 29, 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1-31-1951

NAME OF CEMETERY OR CREMATORY: Samuel Ruth

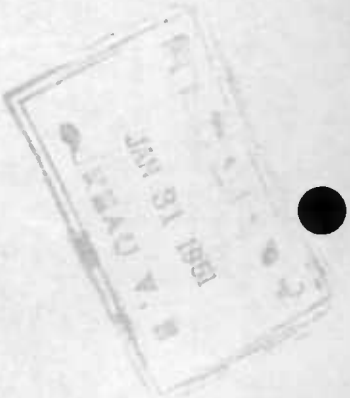
LOCATION (City, town, or county) (State): Moscow, Md.

DATE REC'D BY LOCAL REG.: Jan. 29/51

REGISTRAR'S SIGNATURE: A Fazenbaker M.D.

24. FUNERAL DIRECTOR: Jacob Harper, Frostburg Md. ADDRESS

VS. A15


JAN 31 1951

0665

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elizabeth		Steele	January	14	19 51

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	Aug 5, 1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work	Own Home	Scotland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph Todd	Margaret Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Eva Steele

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

155 x

Immediate cause (a) Adenocarcinoma - Gall Bladder Area — 3 mo.

H67

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11/28/50	Adenocarcinoma -	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1950, to 1/14, 1951, that I last saw the deceased alive on 1/13, 1951, and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul Eugene Dreyer, M.D.		Lonaconing Md.	1/15/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	JAN 16 1951	OakHill Cemetery	Lonaconing,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/18/51	Jeanette McGoal	M. Eichhorn	Lonaconing, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0066

Reg. Dist. No. 6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Division St.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westernport
STREET ADDRESS (If rural, give location): Division St.

3. NAME OF DECEASED (Type or Print): (First) ROY (Middle) EDGAR (Last) STEVENSON

4. DATE OF DEATH: (Month) JAN. (Day) 10 (Year) 19 51

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 13, 1875

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Isaac Stevenson

14. MOTHER'S MAIDEN NAME: Mary Martz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 216-07-2325

17. INFORMANT AND ADDRESS: Mrs. Ida Stevenson---- Westernport

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral arteriosclerosis	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	10 yrs
	(c)	

334x
97

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 10, 1948, to Jan 10, 1951, that I last saw the deceased alive on Jan 10, 1951, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE: James W. Preston Jr. (Degree or title) MD ADDRESS: Piedmont W. Va DATE SIGNED: 1-12-51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 1/13/51

NAME OF CEMETERY OR CREMATORY: Philos Cem.

LOCATION (City, town, or county) (State): Westernport Md.

DATE REC'D BY LOCAL REG.: Jan. 13/51

REGISTRAR'S SIGNATURE: A. Bayne Baker M.D.

24. FUNERAL DIRECTOR: E.S. Boal

ADDRESS: 111 Church St. Westernport, Maryland

523326


JAN 10 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0667

Reg. Dist. No. 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; LENGTH OF STAY (in this place) 89 yrs; MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lonaconing; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Joanette (Middle) (Last) Ternent

4. DATE OF DEATH: (Month) January (Day) 24 (Year) 19 5[illegible]

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Mar 19, 1854

9. AGE last birthday: 96 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Darnley

14. MOTHER'S MAIDEN NAME: Annie Bodman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs Alvin Ternent Lonaconing, Md,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Labia Majora &

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic lesions to

(c) groin and abdomen — Interval Between Onset and Death: 2 yrs.

176x
492

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..., 19 49, to 1/24, 19 57, that I last saw the deceased alive on 1/23, 19 57, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE: Paul Eugene Frey (Degree or title) M.D. ADDRESS Lonaconing Md. DATE SIGNED 1/25/57

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Jan 26, 1957

NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

LOCATION (City, town, or county) (State): Lonaconing Md.

DATE REC'D BY LOCAL REG.: Jan 26-1957

REGISTRAR'S SIGNATURE: Jonnette M Boal

24. FUNERAL DIRECTOR: M. Eichhorn ADDRESS: Lonaconing, Md.


RECEIVED
FEB 2 1951

Dr. Enfield

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0668

CERTIFICATE OF DEATH

Reg. Dist. No. 1

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural - Oldtown
LENGTH OF STAY (in this place): 73 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rt. 1, Oldtown, Md

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural- Oldtown
STREET ADDRESS (If rural, give location): Rt. 1, Oldtown

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Michael	C. S.	Twigg	Jan	10	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	Jan. 19, 1877	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own farm	Oldtown, Md.	U. S. A.

13. FATHER'S NAME: Horace R. Twigg
14. MOTHER'S MAIDEN NAME: Lourenna Middleton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		213-18-9169	Mabel Twigg, Rt. 1, Oldtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

434 3 — **Immediate cause** (a) Acute Cardiac Dilitation

95e — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Cardiac Dilitation

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 15, 1950, to Jan 1, 1951, that I last saw the deceased alive on Jan 3, 1951, and that death occurred at 6 p.m., from the causes and on the date stated above.

SIGNATURE: J. C. Bell (Degree or title) — ADDRESS: Cumberland Md — DATE SIGNED: 1/13/51

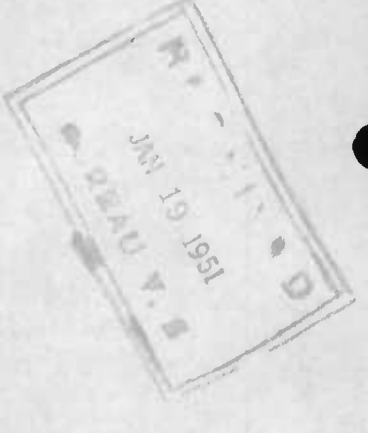
23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 13, 1951	Oliver Grove Methodist Cem	Near Oldtown	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 13, 1951	Mrs. Sue C. Grieves	John J Hafer, Cumberland Md.	

1/17/51

29016

VS. A15


JAN 19 1951

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Dr Murray

0069

Reg. Dist. No. 10

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

VS. A15

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage; LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Savage; STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
NEVIN		UHL	Jan.	17,	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
male	white	married	4-27-1905	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
store manager	grocery store	Mt. Savage, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Clinton Uhl	Anna B. Barth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
	none	Clinton Uhl, Charleston, W. Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dehydration & Bedsores on Legs & back	3 months
357 Antecedent cause(s)	(b) Syringomyelia with Total Paralysis	24 years
82 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: (Syringomyelia)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

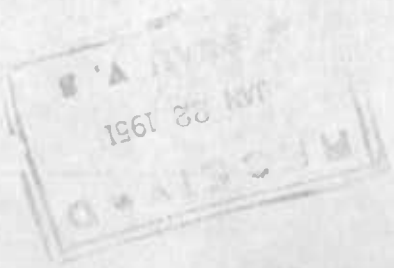
22. I hereby certify that I attended the deceased from ....., 1951, to Jan 17, 1951, that I last saw the deceased alive on Jan 16, 1951, and that death occurred at 7 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
F. Allen G. Murray MD	Cumberland Md	Jan 18 51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
Burial	1-19-1951	St. George's Episcopal	Mt. Savage, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
1-19-1951	Vernina McDermett	J. R. Durst, Frostburg, Md.

290636



Outside of City limits

Evidence for addition in #18 shown on:

0070

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FILM No. G 130 JAN 29 1951 FOR MEDICAL EXAMINERS

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Cumberland; LENGTH OF STAY (in this place): 13 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural) Cumberland
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D.#1 Box 218 La Vale, Blvd.	STREET ADDRESS (If rural, give location): R.F.D.#1 Box 218 La Vale, Blvd.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ira.	William	Valentine	Jan.	12	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	white	married	June 20-1895	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipefitter helper	B&O.R.Ry.	Davis, W.Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Valentine	Pennel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no	214-16-2226	Ida George Valentine (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Ruptured thoracic aneurysm. (hemorrhage) (nonsyphilitic)	about 5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic endocarditis, rheumatic	since ? boy (1/29/51 akc)
(c) Chronic bronchitis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	

414x 96

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V.Deming M.D. H.V. Deming M.D.	Cumberland, Md.	Jan. 13-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/15/51	Mt. Herman Cemetery	Allegany County	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 15, 1951	Winter L. Kantz, M.D.	Louis Stein, Inc.	Cumberland, Md.

476698

VS. A15A

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


JAN 23 1951

Within ... DR. W.F. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0071

CERTIFICATE OF DEATH

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND | LENGTH OF STAY (in this place) 6days
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WEST VIRGINIA — COUNTY Hardy
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MOOREFIELD
STREET ADDRESS (If rural, give location) MAIN STREET

3. NAME OF DECEASED (Type or Print): (First) MYRTLE (Middle) C. (Last) VAN LEAR

4. DATE OF DEATH: (Month) JANUARY (Day) 8 (Year) 1951

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: NOVEMBER 3, 1879

9. AGE last birthday: 71 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): WEST VIRGINIA

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: AMBY W. HARPER

14. MOTHER'S MAIDEN NAME: ELLEN JUDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL, MEMORIAL AVE., CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

330x Immediate cause (a) Subarachnoid Hemorrhage — Interval Between Onset and Death: Due

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... — Interval: Week

(c) .....

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-2-51 (1-2-51), 1951, to 1-8-51 (1-8-51), that I last saw the deceased alive on 1-8-51, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

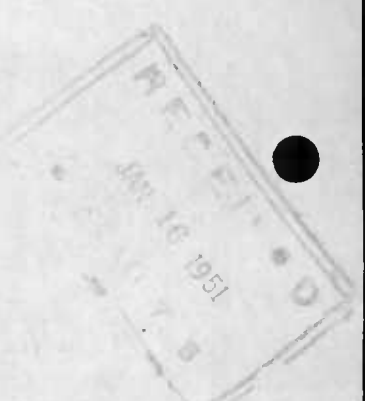
SIGNATURE: Wm F. Williams (Degree or title) MD ADDRESS: Cumberland DATE SIGNED: 1-9-51

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 1/11/51 | NAME OF CEMETERY OR CREMATORY Oliver Cemetery | LOCATION (City, town, or county) Moorefield Hardy (State) W Va

DATE REC'D BY LOCAL REG. Jan. 10, 1951 | REGISTRAR'S SIGNATURE Walter R. Frantz, M.D.

24. FUNERAL DIRECTOR P.E. Thorn & Son ADDRESS Moorefield, West Virginia

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH

0072

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland; MARYLAND; LENGTH OF STAY (in this place) 92 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. Star route Flintstone, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural) Cumberland; STREET ADDRESS (If rural, give location) R.F.D. Star Route Flintstone, Md.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Amanda	Virginia	Wallizer	Jan.	17	1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year Months	Days	If under 24 hrs Hours	Min.
female	white	widow	April-11-1858	92 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Green Ridge, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Morgan

14. MOTHER'S MAIDEN NAME: Christine Bender

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: daughter Mrs Cora Kifer, R.F.D. Flintstone, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gastric carcinoma with metastasis	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Malnutrition.	?
	(c)	

151 x

46 b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.	Cumberland, Md.	Jan-17-1951

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 20, 1951	Robinette Family Cemetery	Allegany Co.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 19, 1951	Mina L. Bender.	John J. Hafer, Cumberland, Md.	

VS. A15A

DR. JACOBSON

Within corporate limit.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0073

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY ALLEGANY — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND | LENGTH OF STAY (in this place) 2 DAYS
HOSPITAL OR INSTITUTION OR STREET ADDRESS MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 17 PUTMAN STREET

3. NAME OF DECEASED (Type or Print): (First) KATHLEEN (Middle) (Last) WEBB

4. DATE OF DEATH: (Month) JAN. (Day) 13 (Year) 19 51

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: FEB. 28, 1914

9. AGE last birthday: 36 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none Housework At Home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: HARRY WEBB

14. MOTHER'S MAIDEN NAME: IDA B. EDDY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: MEMORIAL HOSPITAL - CUMBERLAND, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Mitral Stenosis & Insufficiency	?
	(c) Aortic Stenosis Insufficiency	

410 x
92 b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 19 51, to Jan 13 19 51, that I last saw the deceased alive on Jan 12, 19 51, and that death occurred at 3:10A m., from the causes and on the date stated above.

SIGNATURE: Kenneth Jacobson (Degree or title) MD ADDRESS 32 Bentley Dr DATE SIGNED 1/16/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 1-16-51 | NAME OF CEMETERY OR CREMATORY: Rose Hill Mem'l | LOCATION (City, town, or county): Cumberland | (State): Md

DATE REC'D BY LOCAL REG.: Jan. 16, 1951 | REGISTRAR'S SIGNATURE: Walter R. Darby M.D. | 24. FUNERAL DIRECTOR: Lowis Stein Inc | ADDRESS: "


JAN 23 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0074

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 76 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 502 E. Oldtown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY ALLEGANY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CUMBERLAND
STREET ADDRESS (If rural, give location) 502 EAST OLDTOWN ROAD

3. NAME OF DECEASED (Type or Print) (First) LOUIS (Middle) (Last) WEBER

4. DATE OF DEATH (Month) (Day) (Year) I/14/51 19

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 8/31/1861

9. AGE last birthday 89 yrs.

If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Owner of Planing Mill

10b. KIND OF BUSINESS OR INDUSTRY Planing Mill

11. BIRTHPLACE (State or foreign country) Mt. Savage, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Weber

14. MOTHER'S MAIDEN NAME Dora Pollock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Albert L. Weber 500 E. Oldtown Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease. 420.0

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senility 93d

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 Dec, 1950, to 14 Jan, 1951, that I last saw the deceased alive on 13 Jan, 1951, and that death occurred at 8:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Luther B. Whitworth M.D. Cumberland Md 14 Jan 51

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF I/16/51

NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG. Jan. 15, 1951

REGISTRAR'S SIGNATURE Walter L. Dantz, M.D.

24. FUNERAL DIRECTOR James F. Scarpelli ADDRESS Cumberland

640 307

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Within corporate limits Dr. Weisman

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0075

CERTIFICATE OF DEATH

1454

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland; STREET ADDRESS (If rural, give location) 508 Decatur Street

3. NAME OF DECEASED (Type or Print): (First) CORA (Middle) E (Last) WEISKETTEL

4. DATE OF DEATH: (Month) Jan. (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1895

9. AGE last birthday: 55 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own House

11. BIRTHPLACE (State or foreign country): Cumberland, Md.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: David Rice

14. MOTHER'S MAIDEN NAME: Elizabeth Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: S. G. Weiskettel, Cumberland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Failure		15 minutes
420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction (2)	1) 2)	30 minutes 19 days
93d	(c) Coronary occlusion (2)	1) 2)	30 minutes 19 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic & Hypertensive Heart Disease ?

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —; (CITY OR TOWN) —; (COUNTY) —; (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) —; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Dec 15, 1950, to Jan 3, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 3 40 A m., from the causes and on the date stated above.

SIGNATURE: Samuel G Weiskettel (Degree or title) M.D. ADDRESS: 59 Greene St Cumberland DATE SIGNED: 1/4/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 1/6/1951; NAME OF CEMETERY OR CREMATORY: Greenmount Cemetery; LOCATION (City, town, or county) (State): Cumberland, Md.

DATE REC'D BY LOCAL REG.: Jan. 6, 1951; REGISTRAR'S SIGNATURE: Hunter R. Mantz, M.D.

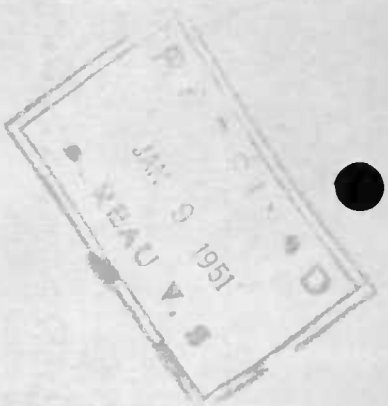
24. FUNERAL DIRECTOR: William H. Kight ADDRESS: Cumberland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Weinman



Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0076

Reg. Dist. No. 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Allegany MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland,
LENGTH OF STAY (in this place)	STREET ADDRESS (If rural, give location) 23 Thomas St.,
HOSPITAL OR INSTITUTION OR STREET ADDRESS 23 Thomas St.,	

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
AMOS	WILLIAM	WELLEN	Jan. 3, 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
Male	White	Widowed	Aug. 30, 1879	71 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired conductor	B. & O. Rwy.	Harrisonburg, Va.	U. S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Andrew C. Wellen	Ella R. Lightner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		Mrs. Joseph Myers Cumb. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uraemia	3 wks.
450.0 Antecedent cause(s) 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	5 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

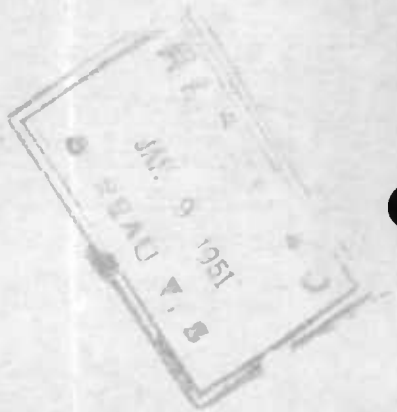
22. I hereby certify that I attended the deceased from Dec. 29, 1950, to Jan. 3, 1951, that I last saw the deceased alive on Dec. 29, 1950 and that death occurred at 8:40 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Clay R. Smith - M. D.		Cumberland	1/5/51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/6/51	Rose Hill Cem.	Cumberland, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 6, 1951	Winter R. Dantz, M.D.	H. Wayne George	Cumberland, Md.

203506


JAN. 9 1951
BEAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0077

Reg. Dist. No. 4

1. PLACE OF DEATH
COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
LENGTH OF STAY (in this place) 80 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 113 N Centre St.

3. NAME OF DECEASED (Type or Print) (First) Algernon (Middle) M. (Last) White

4. DATE OF DEATH (Month) Jan (Day) 3 (Year) 1951

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Dec 28 1880

9. AGE last birthday 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prof. Brewery Stoker

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Harrisonburg, Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Algernon R White

14. MOTHER'S MAIDEN NAME Sara E. Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT AND ADDRESS Mrs Josie Lawson White, Cumb'd Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pyelonephritis	25 days.
	(c)	

600.0
133.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 7, 1950, to Jan 3, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 4:55 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) R. W. Trevaskis, Jr. M.D. — ADDRESS Cumberland Md — DATE SIGNED Jan 3rd 1951

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Jan 5 51 — NAME OF CEMETERY OR CREMATORY Rose Hill Cem — LOCATION (City, town, or county) Cumberland — (State) Md

DATE REC'D BY LOCAL REG. Jan. 5, 1951 — REGISTRAR'S SIGNATURE Winter K. Kantz, M.D.

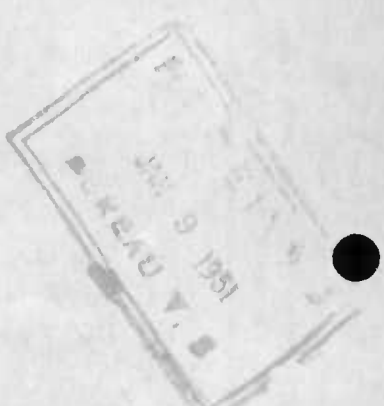
24. FUNERAL DIRECTOR Louis Stein Inc — ADDRESS Cumberland

290636

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



Dr McLane

0078

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 9

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Frostburg
LENGTH OF STAY (In this place): 1 Mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Miners Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rt. 1, Frostburg
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) HARRIET (Last) WINTERS

4. DATE OF DEATH: (Month) January (Day) 17, (Year) 1951

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 10-2-1876

9. AGE last birthday: 74 yrs. — If under 1 year: Mooths. / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Archie Densmore

14. MOTHER'S MAIDEN NAME: Frank Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Minnie Winters, Rt. 1, Frostburg, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr Myocarditis — 2 years

260 x

Antecedent cause(s)

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c) Deabetes — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

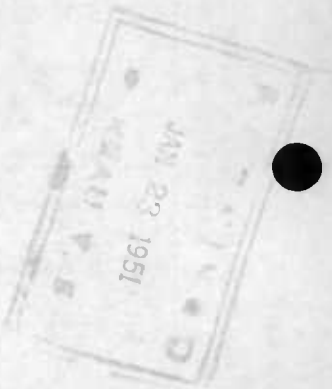
22. I hereby certify that I attended the deceased from 1944, 19....., to Jan 17, 1951, that I last saw the deceased alive on Jan. 17, 1951, and that death occurred at 7:15 P. m., from the causes and on the date stated above.

SIGNATURE: Wm Lane M D — (Degree or title) — ADDRESS: Frostburg Md — DATE SIGNED: Jan 19 1951

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 1-20-1951 — NAME OF CEMETERY OR CREMATORY: F'bg. Memorial Park — LOCATION (City, town, or county) (State): Frostburg, Md.

DATE REC'D BY LOCAL REG.: 1-20-51 — REGISTRAR'S SIGNATURE: Mrs Nancy N. Roe

24. FUNERAL DIRECTOR: J. R. Durst, Frostburg, Md. — ADDRESS:


JAN 23 1961

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

0075

Reg. Dist. No. 10

1. PLACE OF DEATH: COUNTY Allegany — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrelville - (Rural) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyndman, Pa Rt 1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Barrelville (Rural)
STREET ADDRESS (If rural, give location) Hyndman Pa Rt 1

3. NAME OF DECEASED (Type or Print): (First) Beulah (Middle) Belle (Last) Witt
4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1951

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan 14, 1884 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Gettysburg Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lew Trunt
14. MOTHER'S MAIDEN NAME: Beamer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No | (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Anthony T Witt — Barrelville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertention,	10 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	Sudden
917.0 181	(c) 2nd degree burns of lower limbs	6 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pernicious Anemia — 10 yrs.

19a. DATE OF OPERATION: — | 19b. MAJOR FINDINGS OF OPERATION: — | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — | (CITY OR TOWN): — | (COUNTY): — | (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — | INJURY OCCURRED While at Work ☐ Not While At work ☑ | HOW DID INJURY OCCUR? Leak of hot water bottle in bed.

22. I hereby certify that I attended the deceased from ..... 19 30, to 1/6 19 51, that I last saw the deceased alive on 1/6 19 51, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Emple R. Everhart — ADDRESS: 36 Greene St Cumberland Md — DATE SIGNED: 1/8/51

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1-9-51	Cotts Cem	Near Williamsburg	Pa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	d. FUNERAL DIRECTOR,	ADDRESS
Jan 9, 1951	Veronica M Wenner	Louis Stein Inc.	Cumberland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


RECEIVED
JAN 11 1951
BUREAU

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

0680

CERTIFICATE OF DEATH

Reg. Dist. No. 4

1. PLACE OF DEATH: COUNTY Allegany; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (in this place): 6 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Allegany Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Flintstone
STREET ADDRESS (If rural, give location): Route L.

3. NAME OF DECEASED (Type or Print): (First) Harry (Middle) William (Last) Yonker
4. DATE OF DEATH: (Month) Jan (Day) 22 (Year) 1951

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Oct 31 1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Own farm ~~Farming~~
11. BIRTHPLACE (State or foreign country): Little Orleans, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hiram H. Yonker
14. MOTHER'S MAIDEN NAME: Maria Hardy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Mrs Genevie Schaffer Ephrata, Wash

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause (a)	Pulmonary Embolism	Acute
422.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	Chronic myocardiotis	
93d (c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/21, 1950 to 1/22, 1951, that I last saw the deceased alive on 1/22, 1951, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John R. Rozum M.D.
ADDRESS:
DATE SIGNED: 1/23/51.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 25/51	Greenway Cemetery	Berkeley Springs, W. Va.

DATE REC'D BY LOCAL REG.: Jan 24, 1951
REGISTRAR'S SIGNATURE: Wenter K. Kantz, M. D.
24. FUNERAL DIRECTOR AND ADDRESS: William H. Kight, Cumberland, Md.

290116

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


JAN 30 1951

Within corporate limits

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

0081

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15A

1. PLACE OF DEATH: COUNTY: Allegany; STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
LENGTH OF STAY (In this place): 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 21 N. Mechanic St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md; COUNTY: Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cumberland
STREET ADDRESS (If rural, give location): 21 N. Mechanic St.

3. NAME OF DECEASED (Type or Print): (First) Theodore (Middle) Joseph (Last) Zimmerman
4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1951

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: Dec. 13-1885
9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner & Mgr. of the Md. Nut Shop
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greensburg, Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Drummer Zimmerman
14. MOTHER'S MAIDEN NAME: Mary Ruffner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes. Navy W.W.I
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Amelia Margaret Zimmerman (wife).

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Angina Pectoris	about 1-3/4 Hrs.
420.1 94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Coronary sclerosis	?
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H.V. Deming M.D. H. V. Deming M.D.		Cumberland, Md.	Jan. 2-1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	Jan. 4, 1951	Cedar Hills Crematory	Washington, D. C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 3, 1951	Walter R. Dantz, M.D.	John J. Kafer	Cumberland, Md.

290417